



ANNUAL FINANCIAL STATEMENT

**SUBMITTED to the LaSalle County Liquor Commission
LaSalle County, Illinois**

License #	Class of License
FEIN # (Federal Employer ID #)	IL Bus. or Sale Tax #
Name of License Holder	
Area Code/Phone #	ext

Please Complete the below excluding any and all Sales Tax

Liquor Sales	_____ %
Food Sales	_____ %
Entertainment/Cover Charge	_____ %
Amusement Devices	_____ %
Miscellaneous Income	_____ %
If over 5% of total sales, please itemize on attached page	
TOTAL	_____ %

I (We) hereby certify that, I have read and understand every question on this form and that all information given hereon is true and complete to the best of my (our) knowledge and belief.

Signature

Print Name

Signature

Print Name

Date: _____

Over

Itemized Miscellaneous Income Sheet

Please report below an itemized breakout of Miscellaneous Income if reported over 5% of Total Sales

If “NONE”, please so state.

This form must be signed and dated.

Signature

Print Name

Signature

Print Name

Date: